

Update to your Prescription Drug List for Illinois 2027 Individual & Family plans*

We are here to help you get ready for changes to your Prescription Drug List (PDL), renewing on 1/1/27.

We re-evaluate the PDL to help manage costs for both you and UnitedHealthcare. When making changes, we consider a medication's overall value, which is based on factors such as a medication's effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

To view the complete list of all medications, visit the **2027 Prescription Drug List**

This guide will help you understand which medications are changing and if you need to talk to your health care provider before you refill your medication. You may experience a medication changing tiers or a medication no longer being covered. We also add medications to the PDL to give you more options.

You can access your coverage information by going to the following link or through your member portal: **member.uhc.com/myuhc.**

United Healthcare®

*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.

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Your plan

This is an overview of each tier on your plan.

Tier	Cost-share	Includes
1	$0	**$0 cost-share** Medications available at no cost to you, which includes **preventive medications**
2	$	**Lower cost-share** Medications that offer the **highest overall value,** which includes **preferred generic** medications
3	$$	**Mid-range cost-share** Medications that provide **good overall value,** which includes **preferred brand-name** and **non-preferred generic** medications
4	$$$	**Higher cost-share** Medications that provide **lower overall value,** which includes **non-preferred brand-name** and **non-preferred generic** medications
5	$$$$	**Highest cost-share** Medications that provide the **lowest overall value,** which includes most **specialty** medications

Which medications are changing coverage that require me to take action before my first refill in 2027?

Find your medication in this list to learn about upcoming changes. If you find your medication in this list, review the next section called “What should I do if coverage of my medication is changing?” Depending on the type of change, we provide a list of other medication options when available. These are suggestions only. Only you and your health care provider can make decisions about how to manage your health.

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Medications moving to a higher tier

Medications moving to a higher tier are still covered by your plan, but may result in a higher cost share. Your plan covers other medications to treat your condition that may be a lower cost to you.

What you can do: To save money, ask your health care provider about other medication options.

Medication	Lower-cost option(s)
Ubrelvy tablet 50mg	Please ask your health care provider
Ubrelvy tablet 100mg	Please ask your health care provider

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Non-formulary

These medications are no longer covered by your plan. Your plan covers other medications to treat your condition.

Medication	Lower-cost option(s)
Asmanex 14 AER 220mcg	Arnuity Ellipta, QVAR Redihaler
Asmanex 30 AER 110mcg	Arnuity Ellipta, QVAR Redihaler
Asmanex 30 AER 220mcg	Arnuity Ellipta, QVAR Redihaler
Asmanex 60 AER 220mcg	Arnuity Ellipta, QVAR Redihaler
Asmanex 120 AER 220mcg	Arnuity Ellipta, QVAR Redihaler
Asmanex Hfa AER 50mcg	Arnuity Ellipta, QVAR Redihaler
Asmanex Hfa AER 100 mcg	Arnuity Ellipta, QVAR Redihaler
Asmanex Hfa AER 200 mcg	Arnuity Ellipta, QVAR Redihaler
Bosulif tablet 100mg	Bosutinib
Bosulif tablet 400mg	Bosutinib
Bosulif tablet 500mg	Bosutinib
Camcevi injection 42mg	Please ask your health care provider
Cimzia Kit 200mg	Please ask your health care provider
Farxiga tablet 5mg	Dapagliflozin
Farxiga tablet 10mg	Dapagliflozin
Fycompa suspension 0.5mg/mL	Perampanel
Gleostine capsule 10mg	Lomustine
Gleostine capsule 40mg	Lomustine
Gleostine capsule 100mg	Lomustine
Incruse Elpt Inhaler 62.5mcg	Spiriva Respimat, Tiotropium Bromide
Jentadueto tablet 2.5-500	Metformin Hcl 500mg, Saxagliptin
Jentadueto tablet 2.5-850	Metformin Hcl 850mg, Saxagliptin

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Non-formulary (cont.)

Medication	Lower-cost option(s)
Jentadueto tablet 2.5-1000	Metformin Hcl 1000mg, Saxagliptin
Jentadueto tablet XR	Metformin ER, Saxagliptin
Lutrate Depo injection 22.5mg	Please ask your health care provider
Matronex tablet	M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus
Neo-synalar cream	Fluocinolone cream
Neonatal Plus tablet 27-1mg	M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus
Neonatal tablet Complete	M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus
Ofev capsule 100mg	Nintedanib Esylate
Ofev capsule 150mg	Nintedanib Esylate
Opsumit tablet 10mg	Macitentan
PNV-DHA capsule docusate	M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus
Pomalyst capsule 1mg	Pomalidomide
Pomalyst capsule 2mg	Pomalidomide
Pomalyst capsule 3mg	Pomalidomide
Pomalyst capsule 4mg	Pomalidomide
Prenatrix tablet	M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus
Prenatryl tablet	M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus
Savella Mis titration pak	Milnacipran Titration pak
Savella tablet 12.5mg	Milnacipran tablet
Savella tablet 25mg	Milnacipran tablet
Savella tablet 50mg	Milnacipran tablet
Savella tablet 100mg	Milnacipran tablet
Simbrinza suspension 1-0.2%	Dorzolamide Hcl/timolol, Brimonidine/timolol
Thrombin-JMI solution 5000unit	Please ask your health care provider

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Non-formulary (cont.)

Medication	Lower-cost option(s)
Thrombin-JMI solution 20000unit	Please ask your health care provider
Tolmetin capsule 400mg	Diclofenac Sodium DR, Flurbiprofen, Ibuprofen, Naproxen IR, 2
Tolmetin tablet 600mg	Diclofenac Sodium DR, Flurbiprofen, Ibuprofen, Naproxen IR, 2
Tradjenta tablet 5mg	Saxagliptin
Tyenne injection 162mg/0.9mL	Actemra, Avtozma
Tyvaso solution 0.6mg/mL	Please ask your health care provider
Vitathely tablet	M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus
Xeljanz solution 1mg/mL	Tofacitinib Soln
Xeljanz tablet 5mg	Tofacitinib IR
Xeljanz tablet 10mg	Tofacitinib IR
Xeljanz XR tablet 11mg	Tofacitinib ER
Xeljanz XR tablet 22mg	Tofacitinib ER
Xigduo XR tablet 2.5-1000	Dapagliflozin/metformin ER
Xigduo XR tablet 5-500mg	Dapagliflozin/metformin ER
Xigduo XR tablet 5-1000mg	Dapagliflozin/metformin ER
Xigduo XR tablet 10-500mg	Dapagliflozin/metformin ER
Xigduo XR tablet 10-1000	Dapagliflozin/metformin ER
Zegalogue injection 0.6/0.6	Baqsimi, Glucagon Emergency kit, Gvoke
Zylet suspension 0.5-0.3%	Loteprednol/tobramycin

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Exclusions

We'll no longer cover these medications.

Medication
Cervidil Vaginal 10mg Insert
Eligard injection 7.5mg
Eligard injection 30mg
Eligard injection 45mg
Methadone Con 10mg/mL
Methadose Con 10mg/mL
Neulasta injection 6/0.6mL
Prepidil gel 0.5mg/3g
Thrombin Kit 5000unit
Thrombin-JMI Kit 5000unit
Thrombin-JMI Kit 20000unit
Udenyca Onbo injection 6mg/0.6mL

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Quantity Limit

A drug has a new quantity limit or the limit has changed.

Medication	
ACCU-CHEK KIT SOFTCLIX	APREPITANT PAK 80 & 125
ACTIMMUNE INJ 2MU/0.5	ARIPIPRAZOLE TAB 10MG ODT
ACTOS TAB 15MG	ARIPIPRAZOLE TAB 15MG ODT
ACYCLOVIR CREAM 5%	ARIXTRA SOL 10/0.8
ACYCLOVIR OIN 5%	ARIXTRA SOL 2.5/0.5
ADALIMU-BWWD INJ 40MG/0.4ML	ARIXTRA SOL 5.0/0.4
ADALIMUMAB-AATY KIT 80/0.8ML	ARIXTRA SOL 7.5/0.6
ADALIMUMAB-AATY KIT 80MG/0.8ML	AUSTEDO TAB 6MG
ADALIMUMAB-ADBM KIT 40MG/0.4ML	AUSTEDO XR TAB 24MG
ADALIMUMAB-FKJP KIT 40/0.8ML	BENZAMYCIN GEL
ADAPALENE PAD 0.1%SWAB	BESREMI SOL 500MCG
AEMCOLO TAB 194MG	BETHKIS NEB 300/4ML
AGAMREE SUS 40MG/ML	BIMATOPROST SOL 0.01%
AIMOVIG INJ 70MG/ML	BIMATOPROST SOL 0.01% OP
AKYNZEO CAP 300-0.5 MG	BIMATOPROST SOL 0.03%
ALBENDAZOLE TAB 200MG	BIMZELX INJ 160MG/ML
ALHEMO INJ 300/3ML	BLUJEPA TAB 750MG
ALINIA SUS 100MG/5ML	BOSENTAN TAB 32MG
ALINIA TAB 500MG	BOSULIF CAP 100MG
ALMOTRIPTAN TAB 12.5MG	BOSULIF CAP 50MG
ALMOTRIPTAN TAB 6.25MG	BREKIYA INJ 1MG/ML
ALPHAGAN P SOL 0.15%	BREXAFEMME TAB 150MG
AMJEVITA INJ 40/0.8ML (AMGEN USA)	BRIMONIDINE SOL 0.15% OP
AMJEVITA INJ 40/0.8ML (AMGEN)	BRIMONIDINE SOL 0.2% OP
AMPHET/DEXTRO (Mydayis)12.5MG ER	BRUKINSA CAP 80MG
AMPHET/DEXTRO (Mydayis)25MG ER	BYLVAY CAP 1200MCG
APEXICON E CRE 0.05%	BYLVAY CAP 200MCG
APREPITANT CAP 125MG	BYLVAY CAP 400MCG
APREPITANT CAP 80MG	BYLVAY CAP 600MCG

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Quantity Limit (cont.)

Medication	
BYQLOVI SUS 0.05%OP	COSENTYX PEN INJ 150MG/ML
CALCIPOTRIENE CRE 0.005%	COTEMPLA TAB 17.3MG
CALCIPOTRIENE/BETAMETHASONE OINT	COTEMPLA TAB 25.9MG
CALCIPOTRIENE/BETAMETHASONE SUSP	COTEMPLA TAB 8.6MG
CAVERJECT INJ 20MCG	CTEXLI TAB 250MG
CAVERJECT KIT 20MCG	DALIRESP TAB 250MCG
CAYSTON INH 75MG	DAPAGLIFLOZIN/MET ER TAB 5-1000
CETRORELIX INJ 0.25MG	DASATINIB TAB 50MG
CETRORELIX KIT 0.25MG	DASATINIB TAB 80MG
CETROTIDE KIT 0.25MG	DEFLAZACORT SUS 22.75MG/ML
CHENODAL TAB 250MG	DEFLAZACORT TAB 18MG
CHLORPROMAZINE TAB 100MG	DEFLAZACORT TAB 30MG
CHLORPROMAZINE TAB 10MG	DEFLAZACORT TAB 36MG
CHLORPROMAZINE TAB 200MG	DEFLAZACORT TAB 6MG
CHLORPROMAZINE TAB 25MG	DEPO-PROVERA INJ 150MG/ML
CHLORPROMAZINE TAB 50MG	DEXEDRINE CAP 10MG CR
CLENPIQ SOL	DEXTROAMPHETAMINE CAP 10MG ER
CLOBETASOL SUS 0.05%	DIAZEPAM GEL 10MG
COMFORT TOUC MIS 31GX4MM	DIAZEPAM GEL 2.5MG
COMFORT TOUC MIS 32GX8MM	DIAZEPAM GEL 20MG
COMFORT TOUC MIS 33GX1/4"	DICLOFENAC CAP 25MG
COMFORT TOUC MIS 33GX3/16	DICLOFENAC TAB 25MG
COMFORT TOUC MIS 33GX5/32	DIFLORASONE CRE 0.05%
CONCERTA TAB 18MG	DIFLORASONE OIN 0.05%
CONDOMS MIS	DIHYDROERGOTAMINE SPRAY 4MG/ML
CONDOMS MIS LUBRICAT	DIMETHYL FUM CAP 120MG DR
CONTRAVE TAB 8-90MG	DRIZALMA CAP 30MG DR
CORTROPHIN INJ 40UNT/0.5ML	DRIZALMA CAP 40MG DR
CORTROPHIN INJ 80UNT/ML	DROPLET MICR MIS 34GX9/64
COSENTYX INJ 150MG/ML	DUPIXENT INJ 200/1.14

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Quantity Limit (cont.)

Medication	
DUPIXENT INJ 200MG	ENOXAPARIN INJ 300/3ML
DUPIXENT INJ 300MG/2ML	ENOXAPARIN INJ 40/0.4ML
DUREX MIS REALFEEL	ENOXAPARIN INJ 60/0.6ML
EASY COMFORT MIS 29GX4MM	ENOXAPARIN INJ 80/0.8ML
EASY TOUCH MIS 30G	ENSACOVE CAP 25MG
EDEX KIT 10MCG	ENSPRYNG INJ
EDEX KIT 20MCG	ENSTILAR AER
EDEX KIT 40MCG	EOHILIA SUS 2MG/10ML
EGRIFTA SV INJ 2MG	EPOGEN INJ 10000/ML
EKTERLY TAB 300MG	EPOGEN INJ 20000/ML
ELETRIPTAN TAB 20MG	EPSOLAY CRE 5%
ELETRIPTAN TAB 40MG	ERGOMAR SUB 2MG
ELIQUIS TAB 1.5MG	ERLOTINIB TAB 25MG
ELIQUIS TAB 2MG	ERYTHROMYCIN/BENZOYL GEL 3-5%
ELTROMBOPAG POW 12.5MG	ESOMEPRAZOLE MAGNESIUM CAP 20MG
ELYXYB SOL 120/4.8	ESOMEPRAZOLE MAGNESIUM CAP 40MG
EMEND CAP 80MG	ESTRADIOL GEL 0.06%
EMEND PAK 80 & 125	ESTROGEL
EMEND SUS 125MG	EUCRISA OIN 2%
EMFLAZA SUS 22.75MG/ML	EYSUVIS DRO 0.25%
EMFLAZA TAB 18MG	FANAPT TAB 1MG
EMFLAZA TAB 30MG	FANAPT TAB 2MG
EMFLAZA TAB 36MG	FASENRA PEN INJ 30MG/ML
EMFLAZA TAB 6MG	FC2 FEMALE MIS CONDOM
EMGALITY INJ 120MG/ML	FENTANYL DIS 100MCG/HR
ENBUMYST SOL 0.5MG/0.1ML	FENTANYL DIS 37.5MCG/HR
ENOXAPARIN INJ 100MG/ML	FENTANYL DIS 50MCG/HR
ENOXAPARIN INJ 120/0.8ML	FENTANYL DIS 62.5MCG/HR
ENOXAPARIN INJ 150MG/ML	FENTANYL DIS 75MCG/HR
ENOXAPARIN INJ 30/0.3ML	FENTANYL DIS 87.5MCG/HR

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Quantity Limit (cont.)

Medication	
FILSUVEZ GEL 10%	GENTAMICIN CREAM 0.1%
FIRAZYR INJ 30MG/3ML	GENTAMICIN OIN 0.1%
FLURANDRENOLIDE LOT 0.05%	GENTAMICIN SOL 0.3% OP
FOLLISTIM AQ INJ 300UNIT	GLEEVEC TAB 400MG
FOLLISTIM AQ INJ 600UNIT	GOLYTELY SOL
FOLLISTIM AQ INJ 900UNIT	GOMEKLI CAP 1MG
FONDAPARINUX INJ 10/0.8ML	GRALISE TAB 450MG
FONDAPARINUX INJ 2.5/0.5	GRALISE TAB 600MG
FONDAPARINUX INJ 5/0.4ML	HADLIMA INJ 40/0.4ML
FONDAPARINUX INJ 7.5MG/0.6ML	HADLIMA PUSH INJ 40/0.4ML
FOTIVDA CAP 0.89MG	HARVONI PAK 45-200MG
FOTIVDA CAP 1.34MG	HARVONI TAB 45-200MG
FRAGMIN INJ 10000/ML	HULIO INJ 40/0.8ML
FRAGMIN INJ 12500UNT	HYCAMTIN CAP 0.25MG
FRAGMIN INJ 15000UNT	HYCAMTIN CAP 1MG
FRAGMIN INJ 18000UNT	HYDROCORTISONE BUTYRATE CRE 0.1%
FRAGMIN INJ 2500/0.2	HYDROCORTISONE VALERATE CRE 0.2%
FRAGMIN INJ 2500/ML	HYDROMORPHONE TAB 16MG ER
FRAGMIN INJ 5000/0.2	HYDROMORPHONE TAB 32MG ER
FRAGMIN INJ 7500/0.3	HYDROMORPHONE TAB 8MG ER
FRAGMIN INJ 95000UNT	IBRANCE CAP 100MG
FROVA TAB 2.5MG	IBRANCE CAP 125MG
FROVATRIPTAN TAB 2.5MG	IBRANCE CAP 75MG
FYREMADEL SOL 250MCG/0.5ML	IBRANCE TAB 100MG
GABAPENTIN (ONCEDAILY) TAB 450MG	IBRANCE TAB 125MG
GABAPENTIN (ONCEDAILY) TAB 600MG	IBRANCE TAB 75MG
GALAFOLD CAP 123MG	ICATIBANT INJ 30MG/3ML
GANIRELIX INJ 250MCG/0.5ML	IMATINIB TAB 400MG
GAVILYTE-C SOL	IMBRUVICA SUS 70MG/ML
GAVILYTE-G SOL	IMCIVREE INJ 10MG/ML

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Quantity Limit (cont.)

Medication	
IMITREX INJ 4MG/0.5	JAYTHARI TAB 36MG
IMITREX INJ 6MG/0.5	JAYTHARI TAB 6MG
IMITREX TAB 100MG	KESIMPTA INJ 20/.4ML
IMITREX TAB 25MG	KETOCONAZOLE CRE 2%
IMITREX TAB 50MG	KETOPROFEN CAP 200MG ER
IMPAVIDO CAP 50MG	KETOPROFEN CAP 25MG
IMULDOSA INJ 45MG/0.5ML	KETOPROFEN CAP 50MG
IMULDOSA INJ 90MG/ML	KETOPROFEN CAP 75MG
INGREZZA CAP 40-80MG	KIPROFEN CAP 25MG
INSULIN SRYG MIS 0.5ML/27G	KITABIS PAK NEB 300/5ML
INSULIN SRYG MIS 1ML/32G	KRINTAFEL TAB 150MG
INSULIN SYRG MIS 0.3/29G	KYGEVVI POW 2GM/2GM
INSULIN SYRG MIS 0.3/30G	KYMBEE TAB 18MG
INSULIN SYRG MIS 0.3/31G	KYMBEE TAB 30MG
INSULIN SYRG MIS 0.5/28G	KYMBEE TAB 36MG
INSULIN SYRG MIS 0.5/29G	KYMBEE TAB 6MG
INSULIN SYRG MIS 0.5/31G	LAGEVRIO CAP 200MG
INSULIN SYRG MIS 0.5/32G	LAMPIT TAB 120MG
INSULIN SYRG MIS 0.5ML/30G	LAMPIT TAB 30MG
INSULIN SYRG MIS 1ML/27G	LANCET DEVIC MIS ADJUST
INSULIN SYRG MIS 1ML/28G	LANSOPRAZOLE CAP 30MG DR
INSULIN SYRG MIS 1ML/29G	LENALIDOMIDE CAP 20MG
INSULIN SYRG MIS 1ML/30G	LENALIDOMIDE CAP 25MG
INSULIN SYRG MIS 1ML/31G	LEVORPHANOL TAB 2MG
INSULIN SYRG U500 MIS 31GX6MM	LEVORPHANOL TAB 3MG
INVELTYS SUS 1%	LIBERVANT MIS 10MG
ITRACONAZOLE CAP 100MG	LIBERVANT MIS 12.5MG
JAYTHARI SUS 22.75MG/ML	LIBERVANT MIS 15MG
JAYTHARI TAB 18MG	LIBERVANT MIS 5MG
JAYTHARI TAB 30MG	LIBERVANT MIS 7.5MG

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Quantity Limit (cont.)

Medication	
LIDOCAINE OIN 5%	MORPHINE SUL CAP 120MG ER
LIRAGLUTIDE INJ 18MG/3ML	MORPHINE SUL CAP 30MG ER
LOCOID LIPO CRE 0.1%	MORPHINE SUL CAP 45MG ER
LOFENA TAB 25MG	MORPHINE SUL CAP 50MG ER
LOKELMA PAK 10GM	MORPHINE SUL CAP 60MG ER
LONSURF TAB 15-6.14	MORPHINE SUL CAP 75MG ER
LONSURF TAB 20-8.19	MORPHINE SUL CAP 80MG ER
LOVENOX INJ 100MG/ML	MORPHINE SUL CAP 90MG ER
LOVENOX INJ 120/0.8	MORPHINE SUL TAB 30MG ER
LOVENOX INJ 150MG/ML	MORPHINE SUL TAB 60MG ER
LOVENOX INJ 30/0.3ML	MOVIPREP SOL
LOVENOX INJ 300/3ML	MS CONTIN TAB 30MG ER
LOVENOX INJ 40/0.4ML	MS CONTIN TAB 60MG ER
LOVENOX INJ 60/0.6ML	MUPIROCIN OIN 2%
LOVENOX INJ 80/0.8ML	MYDAYIS CAP 12.5MG
LUMIGAN SOL 0.01%	MYDAYIS CAP 25MG
MAXALT TAB 10MG	NARATRIPTAN TAB 1MG
MAXALT-MLT TAB 10MG	NARATRIPTAN TAB 2.5MG
MEDROXYPROGESTERONE INJ 150MG/ML	NATEGLINIDE TAB 60MG
MEKINIST SOL 0.05MG/ML	NAYZILAM SPRAY 5MG
MENOPUR INJ 75UNIT	NEXIUM CAP 20MG
METHADONE SOL 10MG/5ML	NEXIUM CAP 40MG
METHADONE SOL 5MG/5ML	NILOTINIB CAP 50MG
METHADONE TAB 10MG	NITAZOXANIDE TAB 500MG
METHADONE TAB 5MG	NOVOFINE AUT MIS 30GX8MM
METHYLPHENIDATE (OSM) 18MG ER	NOVOFINE MIS 32GX6MM
METHYLPHENIDATE TAB 18MG ER	NOVOFINE PLS MIS 32GX4MM
MIEBO DROP 1.3GM/ML	NUCALA INJ 100MG/ML
MIGRANAL SPR 4MG/ML	NURTEC TAB 75MG ODT
MORPHINE SUL CAP 100MG ER	NUZYRA TAB 150MG

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Quantity Limit (cont.)

Medication	
NYSTATIN CRE 100000	PEG-3350/NACL/NA BICARBONATE
NYSTATIN OIN 100000U	PEN NEEDLE MIS 29GX1/2"
NYSTATIN OINTMENT 100000 UNIT/GM	PEN NEEDLE MIS 29GX3/16
OLPRUVA PAK 2GM	PEN NEEDLE MIS 29GX5/16
OLPRUVA PAK 3GM	PEN NEEDLES MIS 29GX1/2"
OLPRUVA PAK 4 GM	PEN NEEDLES MIS 31GX1/4"
OLPRUVA PAK 5GM	PEN NEEDLES MIS 31GX3/16
ORALAIR CHLD SUB 100 IR	PEN NEEDLES MIS 31GX5/16
ORLYNVAH TAB 500-500	PENTIPS MIS 29GX12MM
ORUDIS CAP 75MG	PENTIPS MIS 31GX5MM
OTULFI INJ 45MG/0.5ML	PENTIPS MIS 31GX8MM
OTULFI INJ 90MG/ML	PENTIPS MIS 32GX4MM
OXERVATE SOL 20MCG/ML	PHEBURANE MIS 483/GM
OXYCONTIN TAB 10MG CR	PHENTERMINE/TOPIRAMATE 11.25-69
OXYCONTIN TAB 15MG CR	PHENTERMINE/TOPIRAMATE 15-92
OXYCONTIN TAB 20MG CR	PHENTERMINE/TOPIRAMATE 3.75-23
OXYCONTIN TAB 30MG CR	PHENTERMINE/TOPIRAMATE 7.5-46
OXYCONTIN TAB 40MG CR	PHYRAGO TAB 50MG
OXYCONTIN TAB 60MG CR	PHYRAGO TAB 80MG
OXYCONTIN TAB 80MG CR	PHYTONADIONE TAB 5MG
OXYMORPHONE TAB 30MG ER	PILOCARPINE SOL 1.25% OP
OXYMORPHONE TAB 40MG ER	PIOGLITAZONE TAB 15MG
PALYNZIQ INJ 10/0.5ML	PIVYA TAB 185MG
PALYNZIQ INJ 2.5/0.5	PLEGRIDY INJ STARTER
PALYNZIQ INJ 20MG/ML	PLEGRIDY PEN INJ STARTER
PAXLOVID PAK	PLENVU SOL
PAXLOVID TAB 150-100	POMALIDOMIDE CAP 1MG
PAXLOVID TAB 300-100	POMALIDOMIDE CAP 2MG
PEG 3350/ELECTROLYTES	POMALIDOMIDE CAP 3MG
PEG/NASUL/C/ SOL NACL/POT	POMALIDOMIDE CAP 4MG

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Quantity Limit (cont.)

Medication	
PREDNISOLONE SOL 20MG/5ML	RETACRIT INJ 3000UNIT
PREVACID CAP 30MG DR	RETACRIT INJ 40000UNT
PROCRIT INJ 10000/ML	RETACRIT INJ 4000UNIT
PROCRIT INJ 20000/ML	RETIN-A CRE 0.025%
PROCRIT INJ 40000/ML	RETIN-A CRE 0.05%
PROMACTA POWDER 12.5MG	RETIN-A CRE 0.1%
PROMETHAZINE/CODEINE SOL 6.25-10	RETIN-A GEL 0.01%
PYQUVI SUS 22.75MG	RETIN-A GEL 0.025%
PYZCHIVA INJ 90MG/ML	REVLIMID CAP 20MG
PYZCHIVA INJ 45MG/0.5ML	REVLIMID CAP 25MG
PYZCHIVA INJ 90MG/ML	RINVOQ TAB 45MG ER
QLOSI SOL 0.4%	RIZATRIPTAN TAB 10MG
QSYMIA CAP 11.25-69MG	RIZATRIPTAN TAB 10MG ODT
QSYMIA CAP 15-92MG	RIZATRIPTAN TAB 5MG
QSYMIA CAP 3.75-23MG	RIZATRIPTAN TAB 5MG ODT
QSYMIA CAP 7.5-46MG	ROFLUMILAST TAB 250MCG
QUICK TOUCH MIS 32GX5MM	ROZLYTREK CAP 100MG
QUICK TOUCH MIS 33GX8MM	ROZLYTREK PAK 50MG
QUILLICHEW CHW 30MG ER	SAJAZIR INJ 30MG/3ML
RELEXXII TAB 18MG ER	SAMSCA TAB 15MG
RELPAX TAB 20MG	SANCUSO DIS 3.1MG
RELPAX TAB 40MG	SAXENDA INJ 18MG/3ML
REPAGLINIDE TAB 0.5MG	SCEMBLIX TAB 40MG
REPAGLINIDE TAB 1MG	SEGLUROMET TAB 2.5-500
REPATHA INJ 140MG/ML	SELARSDI INJ 45/0.5ML
REPATHA SURE INJ 140MG/ML	SELARSDI INJ 90MG/ML
RESTASIS MUL EMU 0.05%	SITAVIG TAB 50MG
RETACRIT INJ 10000UNT	SIVEXTRO TAB 200MG
RETACRIT INJ 20000UNI	SOAANZ TAB 20MG
RETACRIT INJ 2000UNIT	SOAANZ TAB 40MG

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Quantity Limit (cont.)

Medication	
SOAANZ TAB 60MG	SUMATRIPTAN INJ 4MG/0.5ML
SODIUM/POTASSIUM/MAGNESIUM SOL	SUMATRIPTAN INJ 6MG/0.5ML
SOHONOS CAP 1.5MG	SUMATRIPTAN SPR 20MG/ACT
SOHONOS CAP 10MG	SUMATRIPTAN SPR 5MG/ACT
SOHONOS CAP 1MG	SUMATRIPTAN TAB 100MG
SOHONOS CAP 2.5MG	SUMATRIPTAN TAB 25MG
SOHONOS CAP 5MG	SUMATRIPTAN TAB 50MG
SOLOSEC GRA 2GM	SUNITINIB CAP 37.5MG
SOVALDI PAK 200MG	SUPREP BOWEL SOL PREP
SOVALDI TAB 200MG	SUTAB TAB
SPORANOX CAP 100MG	SUTENT CAP 37.5MG
SPORANOX CAP PULSEPAK	SYMBRAVO TAB 20-10MG
SPRIX SPRAY 15.75MG	TACLONEX SUS
SPRYCEL TAB 50MG	TAFINLAR TAB 10MG
SPRYCEL TAB 80MG	TAKHZYRO INJ 150MG/ML
STARJEMZA INJ 45MG/0.5ML	TAKHZYRO INJ 300/2ML
STARJEMZA INJ 90MG/ML	TALZENNA CAP 0.25MG
STEGLATRO TAB 5MG	TARPEYO CAP 4MG
STELARA INJ 45MG/0.5ML	TASIGNA CAP 50MG
STELARA INJ 90MG/ML	TECFIDERA CAP 120MG
STENDRA TAB 100MG	TEGSEDI INJ 284/1.5
STENDRA TAB 200MG	TOBI NEB 300/5ML
STENDRA TAB 50MG	TOBI PODHALER CAP 28MG
STEQEYMA INJ 45MG/0.5ML	TOBRAMYCIN NEB 300/4ML
STEQEYMA INJ 90MG/ML	TOBRAMYCIN NEB 300/5ML
STRENSIQ INJ 18/0.45ML	TOBRAMYCIN SOL 0.3% OP
STRENSIQ INJ 28/0.7ML	TOBREX OIN 0.3% OP
STRENSIQ INJ 40MG/ML	TOLVAPTAN TAB 15MG
STRENSIQ INJ 80/0.8ML	TOSYMRA SOL 10MG
SUFLAVE SOL	TRACLEER TAB 32MG

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Quantity Limit (cont.)

Medication	
TREMFYA INJ 200/2ML	VENCLEXTA TAB 100MG
TRETINOIN CRE 0.025%	VENCLEXTA TAB 10MG
TRETINOIN CRE 0.05%	VEOZAH TAB 45MG
TRETINOIN CRE 0.1%	VEVYE DROPS 0.1%
TRETINOIN GEL 0.01%	VFEND SUS 40MG/ML
TRETINOIN GEL 0.025%	VICTOZA INJ 18MG/3ML
TRIAMCINOLONE CRE 0.1%	VIGAFYDE SOL 100MG/ML
TRUDHESA AER 0.725MG	VISTOGARD PAK 10GM
TUKYSA TAB 50MG	VITRAKVI CAP 100MG
UBRELVY TAB 100MG	VORICONAZOLE SUS 40MG/ML
UBRELVY TAB 50MG	VOWST CAP
ULTICARE MIS 30GX3/16	VUITY SOL 1.25% OP
UPNEEQ SOL 0.1%	VYBRIQUE MIS 100MG
USTEKINUMAB SOL TTWE	VYBRIQUE MIS 25MG
USTEKINUMAB INJ 45MG/0.5ML	VYBRIQUE MIS 50MG
USTEKINUMAB INJ 90MG/ML	VYBRIQUE MIS 75MG
USTEKINUMAB-AAUZ INJ 45MG/0.5ML	VYVGART INJ HYTRULO
USTEKINUMAB-AAUZ INJ 90MG/ML	VYZULTA SOL 0.024%
USTEKINUMAB-AEKN INJ 45MG/0.5ML	WYNZORA CREAM
USTEKINUMAB-AEKN INJ 90MG/ML	XACIATO GEL 2%
USTEKINUMAB-TTWE INJ 45MG/0.5ML	XARELTO TAB 15MG
VAFSEO TAB 150MG	XDEMVY DRO 0.25%
VAFSEO TAB 300MG	XIFAXAN TAB 200MG
VALACYCLOVIR TAB 1GM	XIFAXAN TAB 550MG
VALTOCO LIQ 15MG	XTAMPZA ER CAP 13.5MG
VALTOCO LIQ 20MG	XTAMPZA ER CAP 18MG
VALTOCO SPRAY 10MG	XTAMPZA ER CAP 27MG
VALTOCO SPRAY 5MG	XTAMPZA ER CAP 36MG
VALTREX TAB 1GM	XTAMPZA ER CAP 9MG
VARUBI TAB 90MG	XURIDEN POWDER 2GM

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Quantity Limit (cont.)

Medication
XYOSTED INJ 100/0.5
XYOSTED INJ 50/0.5
XYOSTED INJ 75/0.5
XYVONA TAB 2MG
XYVONA TAB 3MG
YESINTEK INJ 45MG/0.5ML
YESINTEK INJ 90MG/ML
YUSIMRY INJ 40/0.8ML
YUTREPIA CAP 106MCG
YUTREPIA CAP 79.5MCG
YUVIWEL INJ 5.5MG
ZAVZPRET SPRAY 10MG
ZEMBRACE SYM INJ 3/0.5ML
ZILBRYSQ INJ 16.6MG
ZILBRYSQ INJ 23MG
ZILBRYSQ INJ 32.4MG
ZILXI AER 1.5%
ZIPSOR CAP 25MG
ZOLMITRIPTAN SPR 2.5MG
ZOLMITRIPTAN SPR 5MG
ZOLMITRIPTAN TAB 2.5 MG ODT
ZOLMITRIPTAN TAB 2.5MG
ZOLMITRIPTAN TAB 5MG
ZOLMITRIPTAN TAB 5MG ODT
ZOMIG NASAL SPRAY 2.5MG
ZOMIG NASAL SPRAY 5MG
ZOMIG TAB 2.5MG
ZOMIG TAB 5MG
ZOVIRAX CRE 5%
ZOVIRAX OIN 5%
ZURZUVAE CAP 20MG
ZURZUVAE CAP 25MG
ZURZUVAE CAP 30MG

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What should I do if coverage of my medication is changing?

Type of change	What is happening?	What should I do?
Exclusion	These medications are no longer covered by your plan.	Ask your health care provider if covered medications may work for you. To continue taking your medication, you can pay the full cost of the prescription and the amount you pay will not count toward any deductible or out-of-pocket maximum you may have.
Higher tier	Medications moving to a higher tier are still covered by your plan but may result in a higher cost share. Your plan covers other medications to treat your condition that may be a lower cost to you.	To save money, ask your health care provider about other medication options.
Non-formulary	These medications are no longer covered by your plan. Your plan covers other medications to treat your condition.	Ask your health care provider if covered medications may work for you. To continue taking your medication, you or your health care provider can ask us for a prior authorization or exception. If approved, your medication will be covered at the second highest tier.
Prior author-ization	These medications now require a prior authorization (PA) to be sure this medication is most appropriate for your condition. You need approval before you refill your prescription.	To continue taking your medication, you or your health care provider can ask us for a prior authorization or exception.

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What should I do if coverage of my medication is changing? (cont.)

Type of change	What is happening?	What should I do?
Quantity limits	Your drug has a new quantity limit or the limit has changed. Quantity limits are updated based on medical guidance and Food and Drug Administration (FDA) recommendations to ensure medications are used appropriately.	If you are taking a medication that exceeds the new quantity limit, you or your health care provider can ask us for an exception to cover the additional amount.
Rx to medical	These are drug(s) that will no longer be covered under your pharmacy benefit, but may be covered under your medical benefit.	Talk to your health care provider to receive this drug through your medical benefit or to suggest other options for a drug that is covered by your pharmacy benefit.
Step therapy	You must first try other covered medications used to treat your condition before you can get your medication covered.	Ask your health care provider if other covered medications may work for you. To continue taking your medication, you or your health care provider can ask us for a prior authorization or exception.

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How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your health care provider to submit a request. Health care providers can submit a request:

- **Online: professionals.optumrx.com/prior-authorization.html**
- **Phone: 1-800-711-4555**

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your health care provider and request additional information. If you need help, you can also start a request at **myuhc.com/exchange** or by calling the member services number on your health plan ID card, and we can contact your health care provider for information to help process the request.



Need more information about your pharmacy drug coverage and costs?

Visit **myuhc.com/exchange.** You can also call the phone number on your health plan ID card. Health care providers can visit **uhcprovider.com/exchange.**



Additional coverage requirements or limits such as quantity limits may apply.

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